



2818  
PTO/SB/21 (08-00)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/039,454
		Filing Date	December 28, 2001
		First Named Inventor	Eleanor P. Rabadam
		Group Art Unit	2818
		Examiner Name	T. Nguyen
Total Number of Pages in This Submission		Attorney Docket Number	42390P12397

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; width: fit-content;">           - Check in the amount of \$930            - Return Postcard         </div>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;">           Remarks         </div>		

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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	May 5, 2003

### CERTIFICATE OF MAILING/TRANSMISSION

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      **(\$)**      **930.00**

**Complete if Known**

Application Number	10/039,454
Filing Date	December 28, 2001
First Named Inventor	Eleanor P. Rabadam
Examiner Name	T. Nguyen
Group/Art Unit	2818
Attorney Docket No.	42390PT2397

**METHOD OF PAYMENT** (check one)

Check     Credit card     Money Order     Other     None

Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to check all that apply

Charge fee(s) indicated below     Credit any overpayments

Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		<b>Fee Paid</b>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	750	2001	375	Utility filing fee
1002	330	2002	165	Design filing fee
1003	520	2003	260	Plant filing fee
1004	750	2004	375	Reissue filing fee
1005	160	2005	80	Provisional filing fee
<b>SUBTOTAL (1)</b>		<b>(\$)</b>		

**2. EXTRA CLAIM FEES**

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		20**	= <input type="text"/> X <input type="text"/> = <input type="text"/>	
	3	= <input type="text"/> X <input type="text"/> = <input type="text"/>		

Multiple Dependent

Large Entity		Small Entity		<b>Fee Paid</b>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple Dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$)</b>		

\*\*or number previously paid, if greater. For Reissues, see below

**3. ADDITIONAL FEES**

Large Entity	Small Entity	<b>Fee Description</b>	<b>Fee Paid</b>
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
2053	130	2053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1404	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	2451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	2460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	1809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			

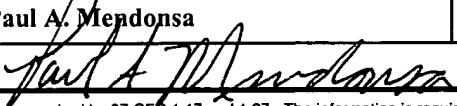
\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **(\$)** **930.00**

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**SUBMITTED BY** **Complete if applicable**

Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone	(503) 684-6200
Signature				Date	05/05/03

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, US Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450